

Appendix 14

**Prenatal Care Coordination Monthly Time Log for
Ongoing Care Coordination and Monitoring (Completed Sample Format)**

Client (Last, First, MI): Recipient, Im A.				Month: 02 Year: 99	
Wisconsin Medicaid ID Number: 1234567890			Care Coordinator-- Name: Jayne Smith Title: Registered Nurse		
Agency: Care Coordination Agency					
Description Codes (to be used in the second column below) RF=Recipient Contact - Face-to-Face CF=Collateral Contact - Face-to-Face RT=Recipient Contact - Telephone CT=Collateral Contact - Telephone S=Staffing/Consultations R=Recordkeeping					
Date	Code	Place of Service	Hours	Minutes	Documentation of Activities/Signature
2/3/1999	RF	Recipient Home	1		Discussed care plan and arrangements for transportation for prenatal checkup, discussed recipient concerns about pregnancy, housing, clothing for recipient. <i>J.S., R.N.</i>
2/4/1999	CT	Office		15	Talked to sister of recipient, confirmed appointment and transportation to WIC office/nutrition counseling. <i>J.S., R.N.</i>
2/5/1999	R	Office		15	Chart notations related to 2/3-2/4 contact with recipient. <i>J.S., R.N.</i>
2/12/1999	S	Office		15	Discussed case with PNCC supervisor. <i>J.S., R.N.</i>
2/21/1999	RF	Office	1	30	Prenatal health education (one-on-one with recipient) pregnancy anatomy/physiology: body changes, discomfort management, danger signs, fetal development. <i>J.S., R.N.</i>
Monthly Total <u>3 hrs., 15 min.</u>			Total Units <u>3.3</u> Refer to Appendix 6 of this handbook for rounding guidelines		